



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL

City of Hospital: Paoli

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1306

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4559984
Outpatient Patient Service Revenue	\$54042702
Total Gross Patient Service Revenue	\$58602686

2. Deductions From Revenue

Contractual Allowance	\$35503527
Other Deductions	\$-579539
Total Deductions	\$34923988

3. Total Operating Revenue

Net Patient Service Revenue	\$23678698
Other Operating Revenue	\$311019
Total Operating Revenue	\$23989717

4. Operating Expenses

Salaries and Wages	\$7526841	Employee Benefits	\$1984189
Depreciation and Amortization	\$1232416	Interest Expense	\$729
Bad Debt	\$1918986	Other Expenses	\$13351030
Total Operating Expenses	\$26014191		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2024474	Total Assets	\$33126193
Net Non-operating Gains over Loss	\$41047	Total Liabilities	\$33126193

Total Net Gains	\$-1983427
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25293305	\$16505696	\$8787609
Medicaid	\$16134719	\$12294412	\$3840307
Other Government	\$769366	\$492345	\$277021
Other State	\$0	\$0	\$0
Other Payers	\$16405296	\$7550521	\$8854775
Total	\$58602686	\$36842974	\$21759712

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$14516	\$-14516

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$157988	\$-157988
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	155

Statement Six: Charity Statement

Hospital Charity Charges	\$1828800
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$690921	
HCI Payments	\$0		
Subtotal	\$0	\$690921	\$-690921
Medicaid Shortfalls	\$3532007	\$6817584	
Subtotal	\$3532007	\$7508505	\$-3976498
DSH Payments	\$0		
Subtotal	\$3532007	\$7508505	\$-3976498
Medicare Shortfalls	\$8125675	\$8437962	
Other Government Programs	\$0	\$0	
Total	\$11657682	\$15946467	\$-4288785

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$388208	\$-388208
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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